## FORM D

1410160

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D.** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

3235-0076 OMB Number: April 30, 2008 Expires Estimated average burden hours per response: 16.00

SEC USE ONLY					
Prefix	Serial				
D/	ATE RECEIVED				

Name of Offering (☐ check if this is an amendm		
Emerging Markets Equity Managers: Portfoli		☐ Section 4(6) STATE LILO
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗹 Rule 506 🛭	Section 4(6) RECEIVED
Type of Filing: ☐ New Filing ☑ Amendm		
	A. BASIC IDENTIFICATION DATA	DEC 1 3 2007
1. Enter the information requested about the issu	ıer	1 8 2007
Name of Issuer ( check if this is an amendment	ent and name has changed, and indicate change.)	
Emerging Markets Equity Managers: Port	folio 1 LLC	186
	umber and Street, City, State Zip Code)	Telephone Number (applieding Area Code)
One New York Plaza, New York, New Yor	k 10004	(212) 902-1000
	Number and Street, City, State and Zip Code)	Telephone N
(if different from Executive Offices)	DDACEGGE	A TOWNSHIP DESIGNATION AND THE STOPP AND THE
	PROCESSE	
(if different from Executive Offices)  Brief Description of Business	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Brief Description of Business	DEC 3 1 2007	D 07086963
Brief Description of Business	DEC 3 1 2007	07086963
Brief Description of Business To operate as a private investment fund.  Type of Business Organization	DEC 3 1 2007	
Brief Description of Business To operate as a private investment fund.	DEC 3 1 2007	07086963
Brief Description of Business  To operate as a private investment fund.  Type of Business Organization  corporation	DEC 3 1 2007  THOMSON  Ilimited partnership, alread pintanicial	07086963  ☑ other (plcase specify):
Brief Description of Business  To operate as a private investment fund.  Type of Business Organization  corporation	DEC 3 1 2007  THOMSON  Ilimited partnership, alread pintanicial	07086963  ☑ other (plcase specify):
Brief Description of Business  To operate as a private investment fund.  Type of Business Organization  corporation	DEC 3 1 2007  THOMSON Imited partnership, alread Financial Imited partnership, to be formed  Month Year	07086963  ☑ other (plcase specify):
Brief Description of Business  To operate as a private investment fund.  Type of Business Organization  corporation business trust  Actual or Estimated Date of Incorporation or Organization	DEC 3 1 2007  THOMSON Imited partnership, alread FINANCIAL Imited partnership, to be formed  Month Year ganization: 0 6 0 7	O7086963  ☑ other (please specify): Limited Liability Company  ☑ Actual □ Estimated
Brief Description of Business  To operate as a private investment fund.  Type of Business Organization  □ corporation □ business trust	DEC 3 1 2007  THOMSON Imited partnership, alread Financial Imited partnership, to be formed  Month Year	O7086963  Other (please specify): Limited Liability Company  Actual   Estimated  tion for

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Contemporary Partners									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o William Stinehart, Gibson Dunn & Crutcher, 2029 Century Blvd., Los Angeles, CA 90067-3027									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Chandis Securities, a CA G.P.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
350 W. Colorado Blvd., Suite 230, Pasadena, CA 91105-1855									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Discernment Partners									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o William Stinehart Jr., Gibson Dunn & Crutcher, 2029 Century, Los Angeles, CA 90067-3027									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or  * of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Aakko, Markus									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Gottlieb, Jason									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply:  Promoter  Beneficial Owner  * of the Issuer's Managing Member  General and/or  Managing Partner									
Full Name (Last name first, if individual)									

Kelly, Edward

Business or Residence Address (Number and Street, City, State, Zip Code)

One New York Plaza, New York, New York 10004

2. E	inter the information req	uested for the fol	llowi	ng:						
*	Each promoter of the	e issuer, if the iss	suer h	as been organized w	ithin/	the past five years;				
*	Each beneficial own of the issuer;	er having the po	wer to	o vote or dispose, or	direc	t the vote or disposi	tion o	of, 10% or	more o	of a class of equity securities
*	Each executive offic	er and director o	f con	porate issuers and of	corp	orate general and ma	ınagiı	ng partners	of par	rtnership issuers; and
*	Each general and ma				-					
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner	<b>☑</b> * of	Executive Officer* the Issuer's Managi		Director lember		General and/or Managing Partner
	lame (Last name first, if	individual)								
Busine	ess or Residence Addres	s (Number and	d Stre	et, City, State, Zip C	Code)					
One N	New York Plaza, New Y	ork, New York	100	04						····
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner	☑ * of	Executive Officer* the Issuer's Managi		Director Iember	.0	General and/or Managing Partner
Full N	lame (Last name first, if	individual)								
	Hugh M.									
	ess or Residence Addres	•		eet, City, State, Zip C	Code)					
One N	New York Plaza, New Y	-,	1000							<del></del>
	Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø * of	Executive Officer* the Issuer's Managi		Director Iember		General and/or Managing Partner
	lame (Last name first, if	individual)								
	, Matthew									<del></del>
	ess or Residence Addres			eet, City, State, Zip (	Code)					
	New York Plaza, New Y						_			
	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name first, if	individual)								
Busine	ess or Residence Addres	s (Number and	d Stre	eet, City, State, Zip C	Code)					
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name first, if	individual)								
Busin	ess or Residence Addres	ss (Number and	d Stro	cet, City, State, Zip (	Code)					
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	Name (Last name first, if	individual)								•
Busin	ess or Residence Addres	ss (Number and	d Stre	eet, City, State, Zip C	Code)	1				
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	Vame (Last name first, if	individual)								
Busin	ess or Residence Addres	ss (Number an	d Str	cet, City, State, Zip (	Code)					

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
•										<del></del> -	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										◩		
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What i	is the minim	um investn	ent that wil	l be accepte	ed from any	individual?	,				\$	*
*The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is								Ψ				
accept	table.											
											Yes	No
3. Does t	he offering	permit joint	ownership	of a single	unit?			******		• • • • • • • • • • • • • • • • • • • •	$\square$	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any												
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state										th a state		
or state	es, list the n	ame of the	broker or de	ealer. If mo	ore than five	(5) person	s to be liste					
	er or dealer,			nformation	for that bro	ker or deale	er only.					
Full Name	e (Last name	first, if ind	lividual)									
Goldman,	Sachs & C	·.*										
										!	f1:-:4	
_	h the securi r in any jur		sold throug	gh Goldma	n, Sachs &	Co., no coi	mmissions	will be paid	i, airectly o	r indirectly,	, tor solicit	ing any
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
QE Broad	Street, Nev	y Vork No	w Voek 10t	304								
	Associated E			<del>,,,,</del>	<del>-</del>							
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)			•						
Rucinece	or Residence	Address ()	Number and	Street City	v State Zin	Code)						
Dusiness (	or Residence	: Address (:	vuinoer and	Sircei, City	y, State, 21p	Couc)						
Name of A	Associated E	Broker or De	ealer									
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers	<del></del>					<del></del>
	All States"								****************		🗆 Al	l States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)									
							<del></del>					
Business of	or Residence	e Address (!	Number and	Street, City	y, State, Zip	Code)						
					<u>.</u>			<u> </u>				
Name of A	Associated E	Broker or De	eale <del>r</del>									
	Which Perso All States" of											All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		A	mount Already Sold
	Debt	\$	0	\$		0
	Equity		0	\$		0
	☐ Common ☐ Preferred		<del></del>			-
	Convertible Securities (including warrants)	<b>\$</b> _	0	\$	_	0
	Partnership Interests	\$_	0	\$		0
	Other (Specify): Limited Liability Company Units	\$	118,022,377	\$		118,022,377
	Total	\$	118,022,377	\$		118,022,377
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors	,		Aggregate  Oollar Amount  of Purchases
	Accredited Investors	_	49	\$		118,022,377
	Non-accredited Investors	_	0	\$		0
	Total (for filings under Rule 504 only)		N/A	\$		N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		ſ	Dollar Amount
	Type of offering		Security		١	Sold
	Rule 505	_	N/A	\$		N/A
	Regulation A		N/A	\$		N/A
	Rule 504		N/A	\$		N/A
	Total	_	N/A	\$		N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		0
	Printing and Engraving Costs			\$		0
	Legal Fees		ゼ	\$		26,523
	Accounting Fees			\$		0
	Engineering Fees			\$	_	0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$		0
	Total		Ø	\$		26,523

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	,
_	<ul> <li>b. Enter the difference between the aggregate off</li> <li>Question 1 and total expenses furnished in res difference is the "adjusted gross proceeds to the iss</li> </ul>		\$_	117,995,854				
5.	Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the le payments listed must equal the adjusted gross pro- to Part C - Question 4.b. above.							
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$	0		\$_	0
	Purchase of real estate			<b>\$</b> _	0	_ 🗆	\$_	0
	Purchase, rental or leasing and installation of mach	hinery and equipment		\$_	0	_ □	\$_	0
	Construction or leasing of plant buildings and faci	ilities		\$_	0		\$ _	00
	Acquisition of other businesses (including the value offering that may be used in exchange for another issuer pursuant to a merger)	r the assets or securities of		\$	0	_ 🛚	\$_	0
	Repayment of indebtedness	· · · · · · · · · · · · · · · · · · ·		\$	0		\$	0
	Working capital			\$	0		\$	0
	Other (Specify): Limited Liability Company Un			\$	0	- Ø	\$	117,995,854
	Column Totals			\$	0	- ☑	\$	117,995,854
	Total Payments Listed (column totals added)	117,995,854						
_		D. FEDERAL SIGNATUR	₹E					
fo	The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the fits staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Se	ecuriti	ies and	d Exchange Comn	mission,	, upon	er Rule 505, the n written request
	uer (Print or Type) nerging Markets Equity Managers: Portfolio 1 .C	Signature Ki so	<u> </u>		Date December <u>5</u> , 20	)07		
Nai	me of Signer (Print or Type) roline Kraus	Title of Signer (Print or Type) Assistant Secretary of the Issue	er's l	Mana	ging Member			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

**END**